

2026-2027 East Herkimer Sno-Riders Associate Membership Application

(September 1, 2026 - August 31, 2027)



Name _____

Mailing Address _____

City _____ State _____ Zip _____ County _____

Phone _____

Email _____

(Check one)

Single Membership \$10 / year _____

Family Membership \$10 / year _____

(Fill out below only for family membership)

Spouse _____

Children (Up to 18 years old)

Name _____

Name _____

Name _____

Name _____

Memberships are payable in cash or check

Make checks payable to East Herkimer Sno-Riders Inc.

Please mail checks to:

2167 State Route 169

Little Falls NY 13365

*Associate Members do not have voting rights at monthly meetings.

If you want to be a voting member you need to fill out our Regular Membership Application.